Approach to Scope of Pharmacist Prescribing

The Nova Scotia College of Pharmacists (NSCP) is charged with the mandate to govern the practice of pharmacy in the best health interests of the public. The NSCP takes a proactive stance in its responsibility to establish and maintain alignment of the professional regulatory framework with best practices and the public’s evolving healthcare needs. As the demands on the healthcare system continue to grow, it has become increasingly important that society obtains the most from its healthcare human resources. This requires identifying and addressing regulatory barriers that prevent pharmacy practitioners from bringing the full extent of their knowledge and skills to meeting individual and societal healthcare needs.

Addressing relevant regulatory barriers may require seeking legislative changes to amend pharmacy practitioners’ scope of practice. Frequently, however, barriers can be addressed by amending components of the existing regulatory framework (e.g., standards of practice, collaborative agreements) so that practitioners are better able to leverage their existing scope in collaboration with other healthcare professionals. Guided by the NSCP’s [Review of Scope of Practice Framework](#), the NSCP consults with other relevant health professions and carefully considers pharmacists’ current and evolving competencies to determine what change, if any, is in the public’s best health interest.

When the contemplated scope of practice change pertains to pharmacist prescribing, the NSCP is further guided by its [Competency-Collaboration Framework for Pharmacist Prescribing](#) (Figure 1). This framework is based on the alignment of pharmacists’ entry-to-practice competencies with the [Prescribing Safely Canada Physician Prescribing Competencies](#) established by the Royal College of Physicians and Surgeons of Canada (RCPSC). The extent of alignment between these competencies confirms that those required for prescribing are broadly in place within the profession of pharmacy, with the exception of patient assessment and diagnosis. In this area, pharmacists’ competencies have been generally limited to those conditions for which an initial differential diagnosis is supported by history and inspection, having been practiced by pharmacists in their traditional practice of supporting patients in their self-care of minor ailments.1

As such, the NSCP categorizes pharmacists’ scope of prescribing according to conditions and the extent to which pharmacists competencies support the patient assessment and diagnosis required for prescribing. The NSCP has organized its [Standards of Practice: Prescribing Drugs](#) into the following categories:

- No diagnosis required (preventative)
- Diagnosis supported by entry-to-practice competencies
- Diagnosis provided indirectly by protocol
- Diagnosis provided directly through collaborative management

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1 While some pharmacists may have advanced degrees and enhanced prescribing competencies, the NSCP’s policy decisions are based on entry-to-practice competencies required broadly of all pharmacists.
When competencies required for initiating drug therapy for a condition are beyond those considered to be broadly in place within the profession, the NSCP ensures a full complement of prescribing competencies by explicitly setting out expectations in the NSCP’s *Standards of Practice: Prescribing Drugs* pertaining to:

- additional continuing professional development required to gain competence; and/or
- the extent to which a pharmacist must collaborate with a primary care provider (indirectly or directly) who has the required competence.

![Figure 1. NSCP Competency – Collaboration Framework for Pharmacist Prescribing](image)

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Figure 1 illustrates the inverse relationship between the extent of pharmacists’ patient/clinical assessment competencies for a particular condition, and the extent to which collaboration with a primary care provider (directly or indirectly) and/or supplemental education is required.